

## MEETING MINUTES

<b>Project Name:</b> IPRS	<b>Doc. Version No:</b> 1.0	<b>Status:</b> Final
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**Meeting Name:** IPRS Core Team Meeting  
**Facilitator:** Thelma Hayter, DMH  
**Scribe:** Debra Haraway  
**Date:** 05/26/04  
**Time:** 10 - 11 a.m.  
**Location:** Crossroads, Conference Room 3

**IPRS Core Team Attendees:**

Betty Cogswell  
 Bobby Minish  
 X Cathy Bennett  
 X Cheryl McQueen  
 X Debra Haraway  
 X Deborah Merrill  
 Gary Imes  
 X Joyce Sims  
 X Kellie Fessler  
 X Paul Carr  
 X Rick Debell  
 X Thelma Hayter  
 Jeffrey Poole

**Others:**

X Tim Sullivan  
 X Christie Harris  
 David Coffman  
 X Sharlene Bryant  
 X Bernice Ford

**Attendees:**

Alamance-Caswell	Onslow
Albemarle	X OPC
X Catawba	Pathways
X Centerpoint	Pitt
X Crossroads	Riverstone
X Cumberland	Roanoke-Chowan
X Durham	X Rockingham
X Eastpointe	X Sandhills/Randolph
X Edgecombe-Nash	SE Center
Foothills	SE Regional
X Guilford	X Smoky Mountain
X Johnston	X Tideland
X Lee-Harnett	X VGFW
X Mecklenburg	Wake
X Neuse	X Western Highlands
New River	Wilson-Green

**Agenda:**

<b>Item No.</b>	<b>Topics</b>
1.	<p><b>Division and EDS Review</b></p> <p><b>Review May 21<sup>h</sup> checkwrite results</b></p> <p><b>Upcoming checkwrites:</b> June 4,11,18,25</p> <p><b>R/E/L Letter</b></p> <p><b>Tim Sullivan:</b> Update Medicaid issues</p> <p><b>BugCentral Status</b></p> <p><b>Key CSRs</b></p> <p><b>Operations Support:</b> File Maintenance, Security, and Help Desk</p>
2.	<p><b>Area Programs</b></p> <p><b>Roll Call</b></p> <p><b>Review May 21 checkwrite results</b></p> <p><b>Questions/Comments about upcoming checkwrites:</b> June 4, 11, 18, 25</p> <p><b>Agenda items</b></p> <p>Notify Deborah Merrill or Thelma Hayter if you are merging with another Area Program in the near future. Letter concerning IPRS Tasks Guidelines for Merging Area Programs was sent to IPRS Coordinators, Finance Officers and Medical Record Managers 5/20.</p> <p><b>Resync of Demographics started Monday 5/24. Suspend rpt IPKR1951 &amp; IPKR1961.</b></p> <p><b>Rick –Adjustments</b></p> <p><b>R/E/L letter</b></p> <p><b>IPRS Questions or Concerns</b></p> <p><b>Tim Sullivan &amp; Christie Harris Updates/</b></p> <p><b>Value Option Letters – approval letter - testing fix</b></p> <p><b>Status on EOB 7000 adjustments</b></p> <p><b>Medicaid Questions or Concerns</b></p> <p><b>Any other area program questions/comments</b></p> <p><b>DMH and/or EDS concluding remarks</b></p>

**Next Meeting: June 2nd.**

**For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8 a.m.-4:30 p.m., excluding holidays.**

**ADMINISTRATION NOTES (10 a.m. DIVISION AND EDS REVIEW)**

<b>Item No.</b>	<b>Topics</b>
1.	<p><b>Review May 21 Checkwrite results:</b></p> <p>Cheryl is going to look into Foothills missing rates.</p>
2.	<p><b>Upcoming Checkwrites:</b> June 4, 11, 18, 25</p> <p>Jay has a concern about the June 25 checkwrite finishing by Tuesday June 29th. Charlie is going to meet with Jay on this. Tim will look at the DMA side to see if anything can be done to expedite the DMA process.</p>
3.	<p><b>R/E/L Letter:</b> The document is nine pages. Some providers are saying they can't open zip files. Thelma is going to try and make it a pdf file so the providers can open the document.</p>
4.	<p><b>Tim Sullivan - Update on Medicaid Issues:</b></p> <p>Edit 213 went in last Friday this corrected a problem with the Value Options approval letters matching the PA in the Medicaid system. Got a call from Crossroads wanting to know when the cut back adjustments would be processed. All the adjustments are on the Medicaid side.</p>
5.	<p><b>Bug Central Status:</b> 2 in process and 2 in review</p>
6.	<p><b>Key CSRs:</b></p> <p>The key CSRs are NCH00600 - CNDS R/E/L changes, NCH00612 - Attending Provider Project and NCH00604 - Attending Provider Edit. All are due for implementation July 1st and are on schedule. NCH00567 - CNDS Re-sync CSR is currently in process and reports IPKR1951 and IPKR1961 are suspended to allow for the re-sync process. This process should be completed by Wednesday, June 2nd.</p>
7.	<p><b>Operations Support – File Maintenance, Security, Help Desk:</b></p> <p>CDECI Pop group will be end-dated on June 30th</p> <p>There are some procedure codes that will be end dated effective July 1<sup>st</sup>. This includes assessment.</p>

**ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)**

Item No.	Topics
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| 1. | <b>Roll Call</b> (See page 1 for meeting AP participants) (Please mute phones or refrain from excess activity to help with communications.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2. | <b>Reviewed May 21st checkwrite results</b><br><b>Q.</b> Catawba said they ended up with duplicate 835 files. Did anybody else get this?<br><b>A.</b> Paul will look into this.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 3. | <b>Questions/Comments about upcoming checkwrites:</b> June 4, 11, 18, 25<br>We do not have a checkwrite this weekend.<br><b>Q.</b> Pam from Mecklenburg- Has anyone had any problems with PA?<br><b>A.</b> The issue is that you have an attending provider number in the referring provider location on the file. IPRS has an edit to make sure that the billing provider and the referring provider are the same. If they are not the same a PA must exist for the claim to process. This edit is in place because the referring provider is used to determine whose budget to access. It will prohibit one Area Program from pulling down another AP's budget without their knowledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4. | <b>IPRS questions or concerns:</b><br><b>Agenda items</b><br>Notify Deborah Merrill or Thelma Hayter if you are merging with another Area Program in the near future. Letter concerning IPRS Tasks Guidelines for Merging Area Programs was sent to IPRS Coordinators, Finance Officers and Medical Record Managers 5/20.<br><b>Re-sync of Demographics started Monday 5/24. Suspend rpt IPKR1951 &amp; IPKR1961</b><br>Process may need to continue to run the first part of next week. If it is not completed by 6/2 an alert will be sent out.<br><b>Adjustments:</b> Area Programs should identify any adjustments needed and submit them prior to the close of the fiscal year. But because of timely filing issues, adjustments for billings made during SFY04 are optional after the close of the fiscal year. After the close of the fiscal year, Area Programs should be aware that positive adjustments will be made from their SFY05 budgets and negative adjustments (recoupments) will be posted to their 1993 account and may not be available to be re-earned. Area Programs should track items identified as needing adjustment but as long as these items have been identified, they will not be considered out of compliance for not making prior year adjustments. |

**ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)**

Item No.	Topics
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**R/E/L Letter**

Thelma will send the Memo and letter this week. R/E/L is scheduled to be effective July 1<sup>st</sup>.

**IPRS Questions or Concerns**

Q. With the implementation of the R/E/L project if we continue to submit the 834's are we going to get anything back?

A. If no cross reference exists you will receive an error.

Q How does the cycle determine the diagnosis code when multiples are sent on a claim?

A. If any one of the 4 diagnosis codes is not a valid ICD9 code the claim will deny with an invalid diagnosis code error. If all of the diagnosis codes are valid, only one of the diagnosis codes needs to be covered by a pop group.

Q. When we enroll attending providers we found out the provider has been set up several times. Should we continue to use one that has already been set up or set up a new one?

A. We prefer you to use one that already has been created.

Q. Where are we with all Area Programs becoming HIPAA compliant for the 837 files?

A. We have 19 Areas Programs that are compliant. Everyone should be working on becoming compliant. There isn't a deadline on this.

**ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)**

Item No.	Topics
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5.	<b>Status of EOB 7000 Adjustments</b>
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The status has not changed since last week. One of the two series of adjustments that were scheduled ahead of this batch has been completed. Once the remaining adjustments are completed we will be able to focus on putting in the adjustments for EOB 7000.

**Status of Value Options PA Issue**

The changes to find the appropriate PA were implemented on 5/21/04. Providers can submit any claims that they had been holding.

Q Centerpoint we get lots of duplicate payments from Medicaid

A. Two or three area programs sent in suspected duplicate claims. Based upon the way the duplicate audits are currently structured, none of these claims were actual duplicates. Some examples of the differences included same billing but different attending numbers and different billed amounts. These differences excluded the suspected duplicate claims from failing against each other.

Q. (Guilford) If the billed amount is different will the claims still pay if everything else is the same?

A. There are a couple of dozen different duplicate audits in the system. Each has different criteria which will cause claims to fail as duplicates against each other. For some of the scenarios claims with different billed amounts will fail as duplicates. However, for the specific type of claims that were submitted as examples, the billed amounts would need to be the same for the claims to fail.

The EDS File Maintenance group has contacted DMA to suggest changes that could be made to enhance the duplicate auditing.

If anyone has examples of claims that they should have failed the duplicate audits please send those to Tim Sullivan and he will have someone on his team review them.

Q. Catawba- Do we have any word on new rates?

A. We will use the state wide rate. When all rates are final, Rick will send out a message.

Q. From Mecklenburg –when will the new rates be released for next year?

A. Rick suspects June 15th.

6.	<b>Medicaid Questions or Concerns</b>
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7.	<b>Any other area program questions/comments:</b>
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8.	<b>DMH and/or EDS Concluding Remarks</b>
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**Action Items**

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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**Issue Items**

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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